Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ HFD02-0017 B. WING 03/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5000 BURROUGHS AVE. NE DEANWOOD REHABILITATION AND WELLNESS** WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PAEFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) L 000 Initial Comments L 000 The Annual Licensure Survey was conducted at Deanwood Rehabilitation and Wellness Center from March 18, 2019 through March 26, 2019. Survey activities consisted of a review of 68 sampled residents. The resident census during the survey was 283. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: DEANWOOD REHABILITATION AND 5/17/19 **Abbreviations** WELLNESS CENTER DISCLAIMER. AMS -Altered Mental Status ARD -Assessment Reference Date Facility submits this plan of correction under AV-Arteriovenous procedures established by the Department BID -Twice- a-day of Health In order to comply With the B/P -Blood Pressure Department's directive to change Conditions cm -Centimeters which the Department alleges are deficient CFR-Code of Federal Regulations CMS under state Regulations Relating to long Centers for Medicare and Medicaid Services term care. This should not be construed as either a waiver of the Facility's right to CNA-Certified Nurse Aide appeal and to Challenge the accuracy or COPD-Chronic Obstructive Pulmonary severity Of the alleged Deficiencies or any Disease Admission of any wrong doing. CRF -Community Residential Facility CRNP-Certified Registered Nurse Practitioner District of Columbia D.C. -DCMR-District of Columbia Municipal Regulations D/C-Discontinue DI-Deciliter DMH -Department of Mental Health DOH-Department of Health EKG -12 lead Electrocardiogram EMS -Emergency Medical Services (911) F-Fahrenheit G-tube-Gastrostomy tube Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OPPOSITIONAL REPRESENTATIVE'S SIGNATURE (X6) DATE

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If continuation sheet 1 of 19

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HFD02-0017 03/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE **DEANWOOD REHABILITATION AND WELLNESS** WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG OR LSC IDENTIFYING INFORMATION) TAG L 000 Continued From page 1 L 000 HR-Hour HSC -Health Service Center Heating ventilation/Air conditioning HVAC -ID -Intellectual disability IDT -Interdisciplinary team IPCP-Infection Prevention and Control **Program** LPN-Licensed Practical Nurse L-Liter Lbs -Pounds (unit of mass) MAR -Medication Administration Record MD-**Medical Doctor** MDS -Minimum Data Set Mg milligrams (metric system unit of mass) mL milliliters (metric system measure of volume) mq/dl milligrams per deciliter mm/Hg millimeters of mercury MN midnight Neuro -Neurological NFPA -National Fire Protection Association NP -**Nurse Practitioner** 02-Oxygen PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy POby mouth POA -Power of Attorney POS physician 's order sheet Prn -As needed Pt-Patient Q-Every Quality Indicator Survey QIS -RD-Registered Dietitian RN-Registered Nurse ROM Range of Motion RP R/P -Responsible party SCC Special Care Center Sol-Solution

Health Regulation & Licensing Administration

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L 000	pag	nent Administration Record	L 000			-
	3210.4 Nursing Facil A charge nurse shall following: (a)Making daily resid and emotional status required nursing inte (b)Reviewing medical accuracy in the transland adherences to state (c)Reviewing resident appropriate goals and them as needed; (d)Delegating respondirect resident nursin (e)Supervising and elemployee on the unit (f)Keeping the Director designee informe This Statute is not in	be responsible for the ent visits to assess physical and implementing any rvention; tion records for completeness, cription of physician orders, op-order policies; ts' plans of care for d approaches, and revising sibility to the nursing staff for g care of specific residents; valuating each nursing; and or of Nursing Services or his or d about the status of residents. net as evidenced by: ew and staff interview, the or revise/update a care plan on of one (1) of 68 sampled	£ 051	5/23/19 Corrective Action for Residents Affected: 1. The facility cannot retroactively continuously the deficiency. Resident #215 was reassessed on 3/25/19 Resident #215 suffered no routcome. 2. Education will be provided to facility for the revise/update the care planta Resident hospitalization. Identification of others with Potential to be affected: All residents residing in the facility frotential to be affected. 1. Assistant Director of Nursing/Deswill complete house wide assessment / Audit of residents to identify potential residents that facility staff failed to residents the care plan after resident hospitalization. 2. Any Issue found will be addressed.	orrect negative ility after nave the signee ent ial evise/	
	The charge nurse fail plan after Resident #2	ed to revise/update the care 215 was hospitalized, as				

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L 051	Continued From pag	pe 3	L 051			
i i	evident below:			L051		5/17/19
	12/04/18, with diagn End Stage Renal Dis	admitted to the facility on oses that included: Anemia, sease, Hypertension, s Mellitus, Depression, and		Measures to prevent recurrer Staff Development will provide eduto the facility staff to revise/update plan after resident hospitalization Monitoring corrective action:	ıcation	
	quarterly Minimum D showed Section C [O Interview for Mental "15" which indicate of [Functional Status] re supervision (oversight for locomotion on an	O AM a review Resident #215's Data Set [MDS] dated 02/24/19, Cognitive Patterns] a Brief Status [BIMS] with a score of cognitively intact. Section G esident is coded as "1" ht, encouragement or cueing) d off the unit. sident #215's medical record		Assistant Director of Nursing/Desig complete house wide assessment /audit of residents to identify poten residents that facility staff failed to update the care plan after resident hospitalization weekly times 4, then times3 months. Findings will be reported to the Quality Assurance Performance Improvement	tial revise/ monthly	
	on 03/25/19 showed when the resident wa	the Care Plan was not updated as hospitalized on 01/03/19.		Committee monthly for the next 3 mon	ins.	
	revised/updated the	ce that the charge nurse care plan with goals and t the Resident's hospitalization.				
	The findings were ac face-to-face interview 03/25/19 at 3:15 PM.	knowledged during a v with Employee #12 on		ii.		
L 052	3211.1 Nursing Facil	ities	L 052			
	Sufficient nursing tim resident to ensure the receives the following	e shall be given to each at the resident g:				
	(a)Treatment, medica supplements and fluid	ations, diet and nutritional ds as prescribed, and				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		HFD02-0017	B. WING		03/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
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L 052	Continued From pag	e 4	L 052			
	rehabilitative nursing	care as needed;		L052	Ì	5/17/19
	(b)Proper care to min	nimize pressure ulcers and		Corrective Action for the		
	contractures and to	promote the healing of ulcers:		Residents Affected:		
ĺ	(c)Assistants in daily	personal grooming so that the		Resident #186 was reassessed on 3		
	resident is comfortal	ole, clean, and neat as		The resident #186 did not suffer any outcome.	negative	
	evidenced by freedo	m from body odor, cleaned and lean, neat and well-groomed		Education will be provided to the t	acility	
	hair;	San, near and won-groomed		staff to proactively assess the care r	eeds	
	(d) Protection from a	ccident, injury, and infection;		of residents; and to make sure residence of neglect.	ents are	
	(e)Encouragement, a	assistance, and training in		Identification of others witl	1 the	
	self-care and group a	activities;		Potential to be affected:		
	(f)Encouragement ar	nd assistance to:		All residents residing in the facility potential to be affected. 1. Assistant Director of Nursing/De		
	(1)Get out of the bed	and dress or be dressed in his		will complete house wide assessr	signee nent	
	shall be clean and in	and shoes or slippers, which good repair;		/audit of residents to identify poten residents that facility staff failed to	tial assess	
	(2)Use the dining roo	m if he or she is able; and		residents' care needs, and to make residents are free of neglect.		
	(3)Participate in mea activities; with eating	ningful social and recreational;		2. Any Issue found will be addresse Measures to prevent recurren	ce:	
	(a)Prompt_unburried	assistance if he or she		Staff Development will provide edu to the facility staff to proactively as:	cation	
	requires or request h	elp with eating;		care needs of residents; and to ma	ke sure	1
	(h)Prescribed adaptive	e self-help devices to assist		residents are free of neglect.		
	him or her in eating independently;			Monitoring corrective action:	1	
	macpendently,			Assistant Director of Nursing/ Designe complete house wide Assessment /au	e will	
	(i)Assistance, if need including oral acre; as	ed, with daily hygiene,		residents to identify potential resident	that	
	-			the facility staff failed to assess resi	dents'	- 1
	j)Prompt response to help.	an activated call bell or call for		care needs and free of neglect week 4, then monthly times 3months. Finding be reported to the Quality Assurance to 3months.	gs will	

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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			TON, DC 2			
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L 052	Continued From pag	je 5	L 052		N.C	
	Based on medical reresident, family and nursing staff failed: (sampled residents whonor the preference sampled residents, a with Activities of Daisampled residents. F#223. Findings included 1. The facility's nursi Resident #186 was fibelow: Record review of the "Prohibition of Abusedate of 1/19, showed facility, its employee goods and services to avoid physical haremotional distress." Resident# 186 was a 5/21/18 with diagnost Heart Failure, Hyper Cerebrovascular Accobisease. Review of the Quarted dated 02/08/19 show Patterns. Brief Interviscored as "12" which moderately impaired	met as evidenced by: ecord review, observation, staff interviews, the facility's 1) to ensure one (1) of 68 vas free from neglect, (11) to es or choices for one (1) of 68 and (111) to provide assistance by Living for one (1) of 68 desidents #168, #201, and and staff failed to ensure free from neglect, as evident a facility's policy titled a Administration" with a revision by "Neglect- is the failure of the as or service providers to provide to a resident that are necessary and, pain, mental anguish, or admitted to the facility on the set that included: Anemia, tension, Alzheimer Disease, cident and Peripheral Vascular arry Minimum Data Set [MDS] and Section C-Cognitive iew for Mental Status [BIMS] is a indicates cognition is a Section G-Functional Status aring] resident is scored as "3"		L052 Corrective Action for the Residents Affected: 1. The affected resident #201 was rea on 3/21/19. Resident #201 suffered no negative o 2. Education will be provided to the facto honor the resident's preferences and factivities to support her psychosocia well-being. Identification of others with Potential to be affected: All residents residing in the facility has potential to be affected. 1. Assistant Director of Nursing/Design Director of Therapeutic Activities and Recreation/Designee will complete ho assessment /audit of residents to identify potential residents that facility staff fail honor the resident's preferences and cactivities to support his/her psychosocial well-being. Measures to prevent recurrer Staff Development will provide educat facility staff to honor the residents' preand choice of activities to support his/psychosocial well-being. 2. Any Issue found will be addressed.	utcome. cility staff ad choice al h the ve the nee, and use wide tify led to choice of cial nce: ion to the sterences her	5/17/19

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
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L 052	Continued From pag	je 6	L 052			
	extensive assistance	(resident involved in activity,		L052		5/17/19
	staff providing weigh	it-bearing support) for dressing.		Rf - mia- nin		
	eating, toileting, and G0600-Mobility devices	personal hygiene. ces the space is marked for		Monitoring corrective action: Assistant Director of Nursing/Designed	hne e	
	wheelchair to indicat	e the mobility device normally		Director of Therapeutic Activities and		
	used by the resident			Recreation/Designee will complete hor assessment /audit of residents to identify	use wide hifu	
	Observation on 03/1	9/19 at 2:50 PM showed		potential residents that facility staff fail	ed to	
1	Resident# 186 sitting	in a wheelchair at the dining (resident's chair was		honor the residents' preferences and cactivities to support his/her psychosoc	hoice of ial	
	positioned at a 45 de	egree angle from the dining		well-being, weekly times 4, then monti 3 months.	nly times	
	table). Writer was sit	ting at the nurse's station and 3 repeatedly call for the		Findings will be reported to the Quality	, 4	
	assistance of Employ	yee# 29,Certified Nursing		Assurance Performance Improvement		
ŀ	Assistant (CNA), the	resident was heard saving		Committee monthly for the next 3mont	hs.	
	will it take, are you c	en are you coming, how long oming now ? "				
ľ	Employee #29, CNA	, was approximately 25 feet		L052		5/17/19
1	away from Resident	#186 and the resident was in		Corrective Action for the Residents Affected:	1	
	her direct sight, Employee #29 was	observed to be in putting		Residents Affected:		
	information into a wa	Il computer. There was other		1. The affected resident #223 was reas	sessed	
1	statt observed in the residents seated thro	dining area along with other oughout the dining area/day		on 3/19/19. Activities of Daily Living we provided, and facial hair was removed	re from the	1
	room. Writer was sea	ated at the nurses' station and		resident's chin.	1	I
	the unit manager was	s also seated at the nurses' e resident was calling for the		Resident #223 suffered no negative ou 2. Education will be provided to facility	tcome.	
	assistance of Employ	ree #29 after repeated calls for		provide necessary services to maintain	good	İ
18	assistance the writer	approached Resident #186.		grooming (Removal of facial hair from a and Activities of Daily Living for the res		ŀ
	seated in a wheelcha diaper is too tight and	ir and the resident stated "my d it is paining me that is why I		and Activities of Daily Living for the res	idents.	
	am calling Employee	#29.				
	Writer approached En	mployee #29, who was omputer and asked, "did you				
	hear the Resident					1
	#186 calling you?" E was going to go to he	Employee #29 responded yes, I er, but we have a				
					- {	J.

STATEMEN	Regulation & Licensing T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION (X3) E	ATE ON DUEN
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L 052	certain time to get o chart, Employee #29	ur charting done and I had to 9 was told the resident is	L 052		
	Writer then told the the unit manager aloresident to her room resident restated the left the room for care (Employee #7 and E #7 and #30 left the room and asked Respain the resident state okay.' During an interview Employee #29 state Resident #186 all rover to her, I heard the time limit to get our oput in, I wheeled her pushed the wheel che could see her from wheeled the could see her from wheeled the could see her from wheeled the could see her from wheeled there were other staff there were other staff there to make staff there to make staff there to make staff the assistant the charge nurse failling for the assistant the charge nurse failtimely care (repeated)	because her diaper is too tight. unit manager of the incident and ang with Employee #30 took the the writer followed, and a "diaper was too tight". Writer to be rendered by staff Employee #30). After Employees foom, writer returned to the sident #186 if she was in any sted, "no not now, the diaper is norning, I should have gone for calling me but we have a charting done so I was trying to back to the day room and the sir toward the dining table, but I where I was standing at the wall	¥:	Identification of others with the Potential to be affected: All residents residing in the facility have the potential to be affected. 1. Assistant Director of Nursing/ Designee was complete house wide assessment /audit of residents to identify potential residents that facility staff failed to provide necessary servito maintain good grooming (Removal of facility staff failed to provide necessary servito maintain good grooming (Removal of facility resident. 2. Any Issue found will be addressed. Measures to prevent recurrence: Staff Development will provide education to tacility staff to provide necessary services to maintain good grooming (Removal of facility staff form chin) and Activities of Daily Living the residents. Monitoring corrective action: Assistant Director of Nursing/Designee will complete house wide assessment /audit of residents to identify potential residents that facility staff failed to provide necessary services to maintain good grooming (Removof facial hair from chin) and Activities of Daily Living for the residents' weekly times 4, then monthly times 3 months. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3 months.	ices al for the al for

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L 052	During a face-to-face PM Employees #7 finding at the time of 2. The facility's nursi Resident #201's pret to support the reside evident below: Resident #201 was a with diagnoses that i Contracture of Musc Fibrillation, Chronic I Dependent on Renal Review of the Admis husband listed as the Emergency Contact daughter is listed as Review of the Compt [MDS] dated 2/6/19, [Language] preferred indicates Spanish is A1200. Marital Status code entered is "2" warried. Section C [Conterview for Mental Swhich indicates residinterview. Section F [Routine and Activities that apply) "family or care discussions and selected. Observation on 03/21 posted calendar in the	e interview on 3/19/19 at 3:40 and #29 acknowledged the the observation. Ing staff failed to honor ferences and choice of activities int's psychosocial well-being, as admitted to the facility on 3/7/18 included: Acute Pancreatitis, le, Unspecified Atrial (idney Disease, and I Disease. Sion Record showed the Peresentative and #1 and the resident's the Emergency Contact #2. In the Emergency Contact #2. In the allocated space the Which indicates the resident is Cognitive Patterns]; Brief Status resident is coded as "99" ent was unable to complete the Preferences for Customary is, resident prefers (check all significant other involvement in I listening to music" are	L 052	Corrective Action for the Residents Affected: The affected Resident # 591 was reas on 3/25/19. Resident suffered no negal outcome. Education will be provided to facility standard infection control practices by appropriate PPE when providing Foley care to a resident with VRE in the uring. The identified two (2) of two (2) bladed of electrical fans in use in the clean late area, were cleaned on 3/20/19. Education will be provided to facility Maintenance and Housekeeping staff that electrical fans in use in the clean late area are always cleaned and free of dial. The identified Four (4) of four (4) exvents located in the clean area of the I room were cleaned on 3/20/19. Education will be provided to facility Maintenance and Housekeeping staff that exhaust vents located in the clean the laundry room are clean and free of 4. The affected sheet pans were reassessed corrected on 3/18/19. All sheet pans were 5/23/19 rinsed and sanitized and then stondividually to dry before placing on the ruse shelf on 3/18/2019. Education will be provided to facility stensure that all sheet pans are washed, rinsanitized and stored Individually to dry before placing on the ready for use shelf. No resident suffered any negative outcome.	ative taff to wearing y catheter e. guards undry to ensure laundry ust. thaust aundry to ensure i area of f dust. ed and e washed, ored ready for aff to nsed, fore	

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		HFD02-0017	B. WING		03/2	26/2019
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(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		T TO THE REAL PROPERTY.		
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L 052	Continued From pag	e 9	L 052		11.	
	playing an English s	peaking channel.		L091		5/17/19
	Review of the care prindicates the need for limited to subtle (vist provide a daily chronischeduled activities, all participation will quarterly." During a family intended the writer used an intercommunicate with the daughter was asked daily chronicle written television had access. The daughter responspanish paper or any ask my father, is always later today." During a family intervite writer used interprommunicate with the husband stated, "Everthem the television stated, "Everthem the	lan showed a Focus: "Frailty or soothing bedside programs bal/auditory/tactile stimulation) bicle in Spanish with list of location and current events be care tracked and reviewed view on 03/21/19 at 1:30 PM, terpreter phone services to e resident's daughter. The if the resident received the in the spanish and if the in the spanish channels or music. Ided, "No, I never see a rathing, and the TV is English ays here, and he will be here resident's husband. The erything is in English. I told topped showing Spanish TV. Bything in Spanish." The as also shown the Spanish ed, "Never saw that before." In 3/21/19 at 4:20 PM, the posted calendar that a was asked about the daily mployee #6 stated, "My banish Chronicle to the are is a copy, and they should		Identification of others with the Potential to be Affected: All residents residing in the facility have potential to be affected. 1. Assistant Director of Nursing/Design complete house wide assessment /aucresidents to identify potential residents facility staff failed to maintain infection standard of practices by failing to use appropriate personnel protective equip (PPE) when providing Foley catheter or resident with VRE in the urine Any issue found will be addressed. 2. The Director of Maintenance and Dir Housekeeping services will complete house wide assessment /audit of electricals in use in the facility to identify pote blade guards for electrical fans in use to soiled with dust. Any issue found will be addressed. 3. The Director of Maintenance and Dir Housekeeping services will complete hwide assessment /audit of exhaust ven use in the facility to identify potential expents that are soiled with dust. Any issue found will be addressed. 4. The Food Service Director, Assistant Director and Lead Dietitian / Design complete house wide assessment /aud sheet pans to identify potential sheet pare stored wet on the ready for use she Any issue found will be addressed.	e the nee will dit of that control ement eare for ector of rical ential that are rector of ouse its in chaust l ee will it of ans that	

Health F	Regulation & Licensing				FORM	APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COM	SURVEY MPLETED
		HFD02-0017	B. WING		03/:	26/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		2012010
DEANWO	OOD REHABILITATION	AND WELLINESS	ROUGHS A			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RE	(X5) COMPLETE DATE
L 052	minude (101), pag	ne 10 nal insight into the matter.	L 052	L091		5/17/19
	came to the room and through all the televis and stated, "There make a spanish chann problem." Facility staff failed to and choices of activity psychosocial well-be. During a face-to-face PM Employee# 6 ack. 3. The facility's nursing Resident #223 with A of facial hair from the below: Resident #223 was a 10/12/14. Review of of the annual assess diagnoses which including the annual assess diagnoses which including pertension, Gastro (GERD), Renal Insuff Diabetes Mellitus. Review of Section C (quarterly Minimum Dashow the resident with Mental Status) score of resident's cognitive at make her own decisions a three (3) indicating assistance under Section C sections and the section of the section of the annual assess at three (3) indicating assistance under Sections of the section of the section of the annual assess at three (3) indicating assistance under Section of the section	M Employee #28, Engineer, and he was observed to go sion channels multiple times hust be a problem. No, I don't rel. I will go and correct the honor resident's preferences hies to support the resident's ing. Interview on 03/21/19 at 4:20 knowledged the findings. In staff failed to assist and the removal resident's chin, as evident resident's chin, as evident defined to the facility on Section I (Active Diagnoses) ment dated 08/30/18 shows and Anemia, Heart Failure, esophageal Reflux Disease iciency, Viral Hepatitis and (Cognitive Patterns) of the resident set (MDS) dated 01/18/19 in a BIMS (Brief Interview for of 15; which indicates that the bility is intact and she is able to ms. The resident is coded ing that she needs extensive tion G (Functional Status). Ing (ADL). Which indicates		Measures to prevent recurrer 1. Staff Development will provide educe facility staff to maintain infection contrapractices by wearing appropriate PPE providing Foley catheter care to a resi with VRE in the urine. 2. Staff Development will be provided Maintenance and Housekeeping staff ensure that the blade guards of the elefans in use in the clean laundry area at and free of dust. 3. Staff Development will provide educe facility Maintenance and Housekeeping to ensure that exhaust vents located in clean area of the laundry room are cleated in the clean area of the clean area of the clean area of the clean laundry area at a clean area of the	eation to ol when dent to facility to ectrical are clean eation to g staff in the an. eation to ensure before 1: ee will dit of that control ment are for	

Health F	Regulation & Licensing				FORM	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	water in the same of the same	HFD02-0017	B. WING		03/:	26/2019
1	ROVIDER OR SUPPLIER	AND WELLNESS 5000 BUR	DRESS, CITY, S' IROUGHS A' BTON, DC 2		Julia	20/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
L 052	provide her own ADI On 03/19/19 at approvide her own ADI The resident was as hair on her chin and resident was asked to remove the hair. she did not ask anoromous a face-to-face & 25 on 03/25/19 at employees stated the non-compliant with concompliant was addressed in the concompliant was a concompliant was addressed in the concompliant was addresse	care. eximately 1:21 PM the resident nick facial hair on her chin. ked whether she wanted the she responded "No". The whether she had asked anyone The resident responded that he to remove the hair. e interview with Employees' #10 approximately 2:30 PM both	L 052	2. The Director of Maintenance and of Housekeeping services will complhouse wide assessment /audit of elefans in use in the facility to identify polade guards for electrical fans in use are soiled with dust; weekly times 4. 3. The Director of Maintenance and of Housekeeping services will comphouse wide assessment /audit of events, in use in the facility to identify potential exhaust vents that are soil dust weekly times 4, then monthly timmonths. 4. The Food Service Director/Assistant Director /Dietitians will complete hous assessment /audit of sheet pans to ic potential sheet pans that are stored will complete the potential sheet pans that are stored will complete the potential sheet pans that are stored will complete the pans that are stored wi	ete octrical octential e that l, Director lete xhaust ed with nes 3 e wide dentify vet,	
	infection control policimplemented and sha services, including he laundry, and linen sul requirements of this of This Statute is not in Based on observation staff interview for one facility staff failed to in standard of practicice personnel protective of providing Foley cathet with Vancomycin-Res the urine and to ensur	Committee shall ensure that ies and procedures are all ensure that environmental busekeeping, pest control, oply are in accordance with the chapter.	L 091	on a ready-for-use shelf; weekly times monthly times 3 months. Findings will be reported to the Quali Assurance Performance Improvemer Committee monthly for the next 3 molecular L099 Corrective Action for the Residents Affected: 1. This deficiency was reassessed and corresponding to dry be placing on the ready to use shelf. Education will be provided to facility state to ensure that all sheet pans are washed, and sanitized, then stored individually to dry the placent of the ready to use shelf.	ty nt nths. ected on ed and fore ff	5/17/19

Health Regulation & Licensing Administration

	Regulation & Licensing	Administration			FORM	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT(PL A. BUILDING:	E CONSTRUCTION	(X3) DATE COM	SURVEY MPLETED
		HFD02-0017	B. WING		03/	26/2019
DEANW(PROVIDER OR SUPPLIER DOD REHABILITATION SUMMARY ST.	AND WELLNESS 5000 BUR WASHING	RESS, CITY, ST ROUGHS AN TON, DC 2			
PREFIX TAG	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	8E	(X5) COMPLETE DATE
f	manner as evidence electrical fans, in use (4) of four (4) soiled nineteen nine-inch s and ready for use. Findings included According to the Cer Guidelines for preventions should interactions that may or potentially contament. Donning gown and guiscarding before exicontain pathogens, eimplicated in transmicontamination." Retrieved from: https://www.cdc.gov/o/prevention-control. 1. Resident # 591 ad with diagnoses which of the Prostate, End 3 Urinary Tract Infectio Review of the medica dated 3/21/19 showe the facility with a diagnose or my orders on 3/21/1 sensitive to Fosfomycinew orders on 3/21/1 sensitive to Fosfomycines.	d by two (2) of two (2) soiled in the clean laundry area, four exhaust vents, and fifteen of heet pans that were stored wet involve contact with the patient involve contact with the patient involve contact with the patient involve supon room entry and ting the patient room is done to especially those that have been ssion through environmental infectioncontrol/guidelines/mdr html mitted to the facility on 3/15/19 include: Malignant Neoplasm Stage Renal Disease, and	L 091	placing on the ready to use shelf. No resident suffered any negative outcom 2. This deficiency was reassessed on 3/18, corrected. One case of the evaporated mi "Best By " date of February 28,2017 was dand replaced with a new case of evaporat 3/18/2019. No resident suffered any negative outcom Education will be provided to facility stensure that food items stored for emeruse are not expired and should constant checked for expiration. 3. The facility cannot retroactively correct deficiency. The test tray of Puree food disconducted on 3/20/19. No resident suffered any negative outcom Education will be provided to ensure this preserved at the recommended temp Identification of others with the Potential to be Affected: All residents residing in the facility have potential to be affected. 1. The Food Service Director, Assistant Dirand Lead Dietitlan/ Designee will complete wide assessment /audit of sheet pans to identify potential sheet pans that are stowed on the ready-for-use shelf. Any issue found will be addressed. 2. The Food Service Director, Assistant Director and Lead Dietitlan/ Designee wormplete house wide assessment /audit food supplies/items stored for emergent to identify potential food supplies/items expired dates.	/19 and lk with a llscarded ed milk on ne. aff to gency ntly be this shes e. at food perature. the ethe ector e house o ored vill it of all cy used	5/17/19

IXI PROVIDER OR SUMPLIES DOUBLE DOUBLE	Health F	Health Regulation & Licensing Administration					
DEANWOOD REHABILITATION AND WELLNESS SIDE SUMMARY STATEMENT OF DEFICIENCIES SOID BURROLUGHS AVE. NE WASHINGTON, DC 2019 PREITY ON SOIL SECRET OF DEFICIENCIES SOID BURROLUGHS AVE. NE WASHINGTON, DC 2019 LO91 Continued From page 13 Review of nurse administration order note dated 3/25/19 "empty drainage bag every shift as needed (record amount on Treatment Administration Record every shift). Review of the care plan dated 3/18/19 showed "focus: use of indivelling urinary catheter due to disease process; interventions catheter care as medical doctor orders, provide and change as needed "dignity bag" for collection bag. Observation on 3/25/19 at 11:30 AM showed resident lying in bed with a Foley catheter bag concealed with a light blue covering and the bag was attached to the lower end of the resident's both Upon entering the resident's pow miter did not observe a PPE station, or evidence gowns were being worn by staff providing care. During an interview on 3/25/19 at 1:00 PM, Employee# 7 states the staff wear glowes empty the Foley bag, document the output, clean the catheter tubing and wash their hands, "should they do something else"? Employee #7 states the staff was glowes providing Foley catheter care for the resident testing positive for VRE in the urine and how the staff on on wear gowns when they are providing care. Facility staff falled to maintain infection control practices by failing to wear PPE when providing Foley catheter care to a resident with VRE in the urine. During a face-to-face interview on 3/25/19 at 1:00 PM, Employee #7 asknowledged the findings.	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	l .	V.		
DEANWOOD REHABILITATION AND WELLNESS WASHINGTON, DC 20019 PROPRIETY TAG LO91 LO91 LO91 Conlinued From page 13 Review of nurse administration order note dated 3/25/19 "empty drainage bag every shift as needed (record amount on Treatment Administration Record every shift). Review of the care plan dated 3/18/19 showed "focus; use of indwelling urinary catheter due to disease process; interventions catheter care as medical doctor orders, provide and change as needed "dignity bag" for collection bag. Observation on 3/25/19 at 11:30 AM showed resident lying in bet lower and the bag was attached to the lower and of the resident's bed. Upon entering the resident's norm writer did not observe a PPE station, or evidence gowns were being worn by staff providing care. During an interview on 3/25/19 at 1:00 PM, Employee# 7 states the staff ware gloves empty the Foley bag, document the output, clean the catheter tubing and wash their hands, "should they do something else"? Employee #7 states, "no the staff do not lwest gowns when they are providing Foley catheter care". Facility staff failed to maintain infection control practices by failing to wear PPE when providing Foley catheter care to a resident with VRE in the urine. During a face-to-face interview on 3/25/19 at 1:00 PM. Employee #7 states from the staff do not lwest gowns when they are providing Foley catheter care". Facility staff failed to maintain infection control practices by failing to wear PPE when providing Foley catheter care to a resident with VRE in the urine. During a face-to-face interview on 3/25/19 at 1:00 PM. Employee #7 states from the staff do not lwear gowns when they are providing Foley catheter care". Facility staff failed to maintain infection control practices by failing to wear PPE when providing Foley catheter care to a resident with VRE in the urine. During a face-to-face interview on 3/25/19 at 1:00 PM. Employee #7 staknowledged the lindings.			HFD02-0017	B. WING		00/0	0/0040
SUMMAP STATEMENT OF DEFOCINCIES PROVIDERS FLAND F CORRECTION CALL PROVIDERS FLAND F CORRECTION	NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, ST.	ATE, ZIP CODE	03/2	6/2019
DAYLO PREFIX TAG IEACH DEFCIENCY VALUE TO EPICEOEDED BY PULL RESULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CONTINUED From page 13 Review of nurse administration order note dated 3/25/19 "empty drainage bag every shift as needed (record amount on Treatment Administration Record every shift). Review of the care plan dated 3/18/19 showed "focus; use of indwelling urinary catheter due to disease process; interventions catheter care as medical doctor orders, provide and change as needed "dignity bag" for collection bag. Observation on 3/25/19 at 11:30 AM showed resident lying in bed with a Foley catheter bag was attached to the lower end of the resident's bed. Upon entering the resident's room writer did not observe a PPE station, or evidence gowns were being wom by staff providing care. During an interview on 3/25/19 at 1:00 PM, Employee# 7 was asked about the resident testing positive for VRE in the urine and how the staff on ont wear gowns when they are providing Foley catheter care? Facility staff failed to maintain infection control practices by failing to wear PPE when providing Foley catheter care to a resident with VRE in the urine. During a face-to-face interview on 3/25/19 at 1:00 PM, Employee #7 acknowledged the findings.	DEANWO	OOD REHABILITATION	AND WELLINESS				
L 091 Continued From page 13 Review of nurse administration order note dated 3/25/19 *empty drainage bag every shift as needed (record amount on Treatment Administration Record every shift). Review of the care plan dated 3/18/19 showed "focus; use of indwelling urinary catheter due to disease process; interventions catheter care as medical doctor orders, provide and change as needed "dignity bag" for collection bag. Observation on 3/25/19 at 11:30 AM showed resident tying in bed with a Foley catheter bag concealed with a light blue covering and the bag was attached to the lower end of the resident's bed. Upon entering the resident's or on writer did not observe a PPE station, or evidence gowns were being worn by staff providing care. During an interview on 3/25/19 at 1:00 PM, Employee# 7 was asked about the resident. Employee# 7 states the staff wear gloves empty the Foley bag, document the output, clean the catheter tubing and wash their hands, "should they do something else?" Employee #7 states, "no the staff do not wear gowns when they are providing Foley catheter care to a resident with VRE in the urine. During a face-to-face interview on 3/25/19 at 1:00 PM, Employee# 7 acknowledged the findings.		***************************************		TON, DC 2	UU19		
Review of nurse administration order note dated 3/25/19 *empty drainage bag every shift as needed (record amount on Treatment Administration Record every shift). Review of the care plan dated 3/18/19 showed "focus; use of indwelling urinary catheter due to disease process; interventions catheter due to disease process; interventions catheter care as medical doctor orders, provide and change as needed "dignity bag" for collection bag. Observation on 3/25/19 at 11:30 AM showed resident lying in bed with a Foley catheter bag concealed with a light blue covering and the bag was attached to the lower end of the resident's bed. Upon entering the resident's room writer did not observe a PPE station, or evidence gowns were being worn by staff providing care. During an interview on 3/25/19 at 1:00 PM, Employee#7 states the staff war gloves empty the Foley bag, document the output, clean the catheter tubing and wash their hands, "should they do something else"? Employee #7 states, "no the staff do not wear gowns when they are providing Foley catheter care". Facility staff failed to maintain infection control practices by failing to wear PPE when providing Foley catheter care to a resident with VRE in the urine. During a face-to-face interview on 3/25/19 at 1:00 PM, Employee #7 acknowledged the findings.	PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	
3/25/19 "empty drainage bag every shift as needed (record amount on Treatment Administration Record every shift). Review of the care plan dated 3/18/19 showed "focus; use of indwelling urinary catheter due to disease process; interventions catheter care as medical doctor orders, provide and change as needed "dignity bag" for collection bag. Observation on 3/25/19 at 11:30 AM showed residently jving in bed with a Foley catheter bag concealed with a light blue covering and the bag was attached to the lower end of the resident's bed. Upon entering the resident's room writer did not observe a PPE station, or evidence gowns were being worn by staff providing care. During an interview on 3/25/19 at 1:00 PM. Employee#7 states the staff war gloves emply the Foley bag, document the output, clean the catheter tubing and wash their hands, "should they do something else"? Employee #7 states, "no the staff do not wear gowns when they are providing Foley catheter care", should they do something else"? Employee #7 states, "no the staff do not wear gowns when they are providing Foley catheter care to a resident with VRE in the urine. During a face-to-face interview on 3/25/19 at 1:00 PM, Employee #7 acknowledged the findings.	L 091	Continued From pag	e 13	L 091			
2. During observations in the laundry room on times 3, and then monthly times 3.		Review of nurse adn 3/25/19 "empty drain (record amount on T every shift). Review of the care p "focus; use of indwel disease process; into medical doctor order needed "dignity bag" Observation on 3/25/resident lying in bed concealed with a light was attached to the I Upon entering the reobserve a PPE static being worn by staff p During an interview of Employee# 7 was as positive for VRE in the provides Foley cathe Employee# 7 states to Foley bag, document tubing and wash their something else"? Emdo not wear gowns we catheter care". Facility staff failed to practices by failing to Foley catheter care to urine. During a face-to-face PM, Employee #7 acid	ninistration order note dated lage bag every shift as needed reatment Administration Record lan dated 3/18/19 showed ling urinary catheter due to erventions catheter care as s, provide and change as for collection bag. 19 at 11:30 AM showed with a Foley catheter bag at blue covering and the bag ower end of the resident's bed. sident's room writer did not on, or evidence gowns were roviding care. 10 3/25/19 at 1:00 PM, ked about the resident testing e urine and how the staff ter care for the resident. The staff wear gloves empty the the output, clean the catheter rhands, "should they do ployee #7 states, "no the staff hen they are providing Foley maintain infection control wear PPE when providing a resident with VRE in the interview on 3/25/19 at 1:00 knowledged the findings.		3. The Food Service Director, Assistar will conduct a random assessment/auc completed test trays to identify potentitrays that are served below required temperatures. Any issue found will be addressed. Measures to prevent recurrer Staff Development will provide educatifacility Food and Nutrition Services to that: 1. All sheet pans are washed, rinsed and sand stored individually to dry before placithe ready to use shelf. 2. All food items stored for emergency rotated and inspected for expired dates. 3. Food is served at the recommended temperature. Monitoring corrective action: 1. The Food Service Director/Assistant Directions will complete house wide assigned and that are stored wet, on a ready-to shelf; weekly times 3, and then monthly tifindings will be reported to the Quality Assigned Performance Improvement Committee monthly for the next 3 months. 2. The Food Service Director, Assistant and Dietitians will complete house wide assessment /audit of all food supplies/itstored for emergency used to identify prood supplies/items with expired dates and performance improvement to identify prood supplies/items with expired dates.	dit of al food ICE: on to ensure anitized ng on use are ector/essment sheet -use mes 3. surance e	5/17/19

	Regulation & Licensin				FORM	APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4	LE CONSTRUCTION	(X3) DATE COM	SURVEY IPLETED
		HFD02-0017	B. WING		03/3	26/2019
	PROVIDER OR SUPPLIER	I AND WELLNESS 5000 BUR	PRESS, CITY, STROUGHS ATON, DC 2		0312	20/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 091	March 20, 2019, at a guards to two (2) of two (2)	ge 14 approximately 11:00 AM, blade t) electrical fans, in use in the were soiled with dust	L 091	L099 Findings will be reported to the Quality As Performance Improvement Committee mother next 3 months.	surance onthly for	5/17/19
	This could potentiall including resident's dust particles. 3. Four (4) of four (4)	y expose clean laundry, personal clothing, to scattered) exhaust vents located in the andry room were soiled with		The Food Service Director, Assistant will conduct a random assessment/aud completed test trays to identify potential trays that are served below required temperatures weekly times 3, and then times 3.	lit of al food monthly	
	2019, at approximate nine-inch	ugh of the kitchen on March 18, ely 9:00 AM, Fifteen of nineteen e stored wet, on a ready-for-use		Findings will be reported to the Quality As: Performance Improvement Committee mo the next 3 months.	surance onthly for	
	surfaces of the shee resident's meals to c During a face-to-face	interview on March 20, 2019, 30 AM, Employee #14		Corrective Action for the Resi Affected: 1. The affected resident room #502 was reassessed on 3/19/19. Privacy curtain: Bed (A) and (B) were detached from the electrical power cord in resident's room 2. Education will be provided to the faci	s to s to #502.	5/17/19
	from spoilage, safe for served in accordance forth in Title 23, Subt Regulations (DCMR) This Statute is not r Based on observation failed to store, prepar	be clean, wholesome, free or human consumption, and with the requirements set itle B, D. C. Municipal , Chapter 24 through 40.	L 099	to provide an environment free from act hazards. Identification of others with th Potential to be Affected: All residents residing in the facility have potential to be affected. 1. Director of Housekeeping/Designee v complete house wide assessment /audi residents' rooms to identify potential res room privacy curtains that were attacher electrical power cord. 2. Any Issue found will be addressed.	the will t of idents' d to an	

	Regulation & Licensin				FORM	APPROVED
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	SURVEY IPLETED
			A BOILDING	-		
		HFD02-0017	B. WING		03/2	26/2019
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
DEANW	DOD REHABILITATION	MIND WELLINESS	ROUGHS A' STON, DC 2			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	_	
PRÉFIX TAG	(EACH DEFICIENCY MUS' OR LSC IDE	FBE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RE	(X5) COMPLETE DATE
L 099	Continued From pag	je 15	L 099			
	of nineteen nine-inc	h sheet pans that were stored		L214		5/17/19
	evaporated milk with	se, one (1) of one (1) case of n a "Best By" date of February	ł			
 	2017, stored for use	as emergency food, and four		Measures to prevent recurrer	ice:	
	than 140 degrees Fa	food dishes that tested at less ahrenheit (F) from the test tray.		Staff Development will provide educati facility staff to provide an environment	on to the	
	Findings included			from accident hazards, by ensuring the	at privacy	
	_			curtain are not attached to the electrical cord in residents' rooms.	al power	
	 Fifteen of ninetee stored wet, on a rea 	n nine-inch sheet pans were dv-for-use shelf		Monitoring corrective action:		
			ļ	Director of Housekeeping/Designee complete house wide assessment /auc	will lit of	
	"Best By" date of Fe	case of evaporated milk with a bruary 28, 2017, was stored for		residents' rooms to identify potential re	sidents'	
	use as an emergency fo			room privacy curtains that were attached to an electrical power cord we	ekly	i
	_			times 4, then monthly times 3 months.		
	Puree food dishes vegetables (119 deg	s such as beef (129 degrees F), rees F), bread (117 degrees F))		1
	and mashed			L410		5/17/19
	during a test tray ass	were below 140 degrees F sessment on March 19, 2019, at		Corrective Action for the		
	approximately 2:00 PM.	A. A. S. A.		Residents Affected:		
	at approximately 11:	interview on March 18, 2019, 00 AM, Employee #13		Corrective action for the residents a 1. Privacy curtains to Bed (A) and E in resident room #502 identified we	Bed (B)	
	acknowledged these	imaings.		replaced on 3/19/17		
				2. Four (4) of four (4) soiled exhaust located on the clean area of the laund	vents	
L 214	3234.1 Nursing Facil	ities	L 214	room were cleaned on 3/19/19.	лу	1
	located, equipped, ar functional, healthful, supportive environme and the visiting public This Statute is not me	et as evidenced by:		3. A stained ceiling tile identified in re room #530 was replaced on 3/19/19.	sident	
	Based on observation	ns and interview, facility				

	requiation & Licensing					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE : COM	SURVEY IPLETED
		HFD02-0017	B. WING		02#	00/0040
NAME OF P	POVIDER OR SUPPLIER	STREET ADD	DRESS CITY S	TATE, ZIP CODE	U3/2	26/2019
DEANWO	OOD REHABILITATION	AND WELLNESS 5000 BUR	ROUGHS A	VE. NE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
L 214	Continued From pag	e 16	L 214			
	hazards as evidence	environment free from accident ad by privacy curtains that were ical power cord in one (1) of 56		L410 Corrective Action for the Residents Affected:		5/17/19
L 410	March 19, 2019, beth Privacy curtains to B room #502 were tied with strands of cloth, surveyed. This practice present to residents, staff and During a face-to-face at approximately 11:3 Employee #15 acknowledge Each facility shall promaintenance services	interview on March 20, 2019, 30 AM, Employee #14 and wledged these findings. ties vide housekeeping and s necessary to maintain the	L 410	Corrective action for the residents at 1. Privacy curtains to Bed (A) and in resident room #502 identified we replaced on 3/19/17 2. Four (4) of four (4) soiled exhaust located on the clean area of the laun room were cleaned on 3/19/19. 3. A stained ceiling tile identified in recom #530 was replaced on 3/19/19. Identification of others with the potential to be affected. All residents residing in the facility have potential to be affected. An inspection of the done throughout the facility by the Diffusekeeping/Designee, and Director Maintenance/Designee to ensure that: 1. All privacy curtain in the residents ro	Bed (B) ere vents idry esident ne e the was irector of	
	sanitary, orderly, commanner. This Statute is not me Based on observation to provide housekeep maintain a safe, clear evidenced by torn priv resident's rooms, four	ing services necessary to ing services necessary to n, comfortable environment as vacy curtains in one (1) of 56 (4) of four (4) soiled exhaust area, and a stained ceiling tile		intact and not torn. 2. All exhaust vents in the facility are of 3. All ceiling tiles are without stains. Measure to Prevent Recurrence: Housekeeping and maintenance Services staff will be in-serviced by State Development on the Importance of ensithat all privacy curtains in the residents are intact and not torn, all exhaust vents facility are clean, and all ceiling tiles are without stains.	aff uring rooms	

Health F	Regulation & Licensing	Administration			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	SURVEY MPLETED
		HFD02-0017	B. WING		03/	26/2010
l	PROVIDER OR SUPPLIER	AND WELLNESS 5000 BUR	DRESS, CITY, ST ROUGHS ATON, DC 2			26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETE DATE
L 410	During an environmed March 19, 2019, between and on March 20, 20 the following were of the following the following the following the following the following a face-to-face of the face of the face of the following t	ental tour of the facility on ween 9:07 AM and 2:30 PM, 119, at approximately 11:00 AM, oserved: Bed (A) and Bed (B)in were torn, attached to each the power cord to Bed (B), one coms surveyed. exhaust vents located on the adry room were soiled with the was observed in resident f 56 resident's rooms in interview on March 20, 2019, 30 AM, Employee #14 and /or	L 410	Monitoring Corrective Action: Random audits will be conducted by the Director of Housekeeping/Designee, and Director Maintenance/Designee, weekly 3, then monthly times 3. Findings will be reported to the Quality Assurance Period Committee Monthly for the next 3 months.	nd y times e ormance	5/17/19
	electrical, and patient operating condition. This Statute is not managed on observation failed to maintain essicondition as evidence	tain all essential mechanical, care equipment in safe	L 442	Corrective Action for the Residents Affected: The affected door gaskets to two (2) of two (2) steamers that were worn, torn, damaged in the dietary services were corrected on 3/26/19 Education will be provided to the facility staff to ensure that all mechanical, electrical and patient care equipment a safe operating condition. No resident suffered any negative outcome.	of and by	5/17/19

6199

				FORM APPR
T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SURVEY COMPLETED
	HFD02-0017	B. WING		03/26/2019
ROVIDER OR SUPPLIER	I AND WELLNESS 5000 BUF	ROUGHS A	VE. NE	03/20/201
(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE COME
During a walkthrough 2019, at approximate two (2) of two (2) stendamaged. During a face-to-fact at approximately 11:: Employee	h of the kitchen on March 20, ely 9:00 AM, door gaskets to eamers were worn, torn, and ce interview on March 20, 2019, 30 AM, Employee #13 and/or	L 442	Potential to be Affected: All residents residing in the facility had potential to be affected. The Director of Food service will conhouse wide assessment /audit of all steamers door gaskets to identify potential door gaskets that are won and damaged. Any issue found will addressed. Measures to prevent recurrent 1.Staff Development will provide edu to Food service to ensure that all door gaskets, mechanical, electrical and potential care equipment in safe operating conhouse wide assessment /audit of all steamers door gaskets to identify potential door gaskets that are worn, torm, and damaged; weekly times 3, then monthly times 3. Findings will be reported to the Quality Assurance Performance Improvement	ave the nplete n, torn, be nce: ncation r patient podition. n: nplete otential otential otential
	Continued From page 2019, at approximately 11: Employee	HFD02-0017 ROVIDER OR SUPPLIER STREET AD SOOD REHABILITATION AND WELLNESS WASHING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 During a walkthrough of the kitchen on March 20, 2019, at approximately 9:00 AM, door gaskets to two (2) of two (2) steamers were worn, torn, and damaged. During a face-to-face interview on March 20, 2019, at approximately 11:30 AM, Employee #13 and/or	TOF DEFICIENCIES DEFICIENCIES IDENTIFICATION NUMBER: (X1) PROVIDER STREET ADDRESS, CITY, S ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S 5000 BURROUGHS A WASHINGTON, DC (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 During a walkthrough of the kitchen on March 20, 2019, at approximately 9:00 AM, door gaskets to two (2) of two (2) steamers were worn, torn, and damaged. During a face-to-face interview on March 20, 2019, at approximately 11:30 AM, Employee #13 and/or Employee	TO PERIODENCIES OF CORRECTION X1) PROVIDER/SUPPLER X2) X2) X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING B.